

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 4365
Registered No. 432

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Ruth Boggs { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct. 7 - 1927
Month Day Year

8. FATHER
Full name Harry Boggs
9. Residence (Usual place of abode) Ray, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Safford
(State or country) Arizona

13. Occupation Clerk
Nature of Industry Ray Con. Copper Co.

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Etta Margaret Campbell
15. Residence (Usual place of abode) Ray, Arizona
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Safford
(State or country) Arizona

19. Occupation Housewife
Nature of Industry

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:20 A. m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Oct 15, 1927 Registrar

422-1007-533